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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of)

YAMAMURA et al.)

Application Number: 10/607,050)

Filed: June 27, 2003)

For: EVALUATION METHODS OF INTERFERON β)
TREATMENT AGAINST MULTIPLE SCLEROSIS)

Attorney Docket No. NITT.0144)

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

) Examiner Marina I. Miller

) Art Unit 1631

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	6	6	(Over 20)	x \$50	0
Independent Claims	2	2	(Over 3)	x \$200	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$360	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED				x ½	
				TOTAL	0

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- [x] Response/Amendment
(with Claim Amendments)
[] Substitute Spec. & marked-up copy
[] Information Disclosure Statement
[] Other _____

- [] Petition for Extension of Time (months)
[] Terminal Disclaimer
[] Letter to Draftsperson
[] Assignment
[] RCE

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [] A check in the amount of \$_____ to cover the fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,


Stanley P. Fisher

Registration Number 24,344

Juan Carlos A. Marquez

Registration No. 34,072

REED SMITH LLP
3110 Fairview Park Drive
Suite 1400
Falls Church, Virginia 22042
(703) 641-4200
July 11, 2006



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Honorable Assistant Commissioner
for Patents
P.O. Box 1450
Alexandria, VA 22314

RESPONSE AND AMENDMENT UNDER 37 C.F.R. § 1.111

Sir:

This is in response to the office action dated April 11, 2006, in the above identified application, the shortened statutory period for response of which is set to expire on July 11, 2006. Applicants respectfully request that the above-captioned application be amended as indicated below.